

King County Public Health Operational Master Plan

Stakeholder Report

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Submitted by
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Executive Summary

King County contracted with Milne & Associates, LLC, to assist in producing a Public Health Operational Master Plan for Public Health-Seattle & King County (PHSKC).

- One of the early deliverables in the project (Deliverable E) is the production of a report reflecting initial stakeholder input, collected and analyzed according to an approved plan for soliciting input from a variety of local public health system stakeholders. This report documents the early engagement of stakeholders in the first phase of the project.
- The following purposes were accomplished during this initial engagement with selected stakeholders:
 1. To introduce the stakeholders to the OMP process
 2. To solicit initial opinions about broad policy related issues.
 3. To encourage their continued participation in the OMP process.
- Four categories of stakeholders were interviewed in accord with the approved plan: elected officials and their staff; selected community provider partners; PHSKC leadership and staff; and government partners, including federal, state and local entities.
- Open ended questions exploring general categories and using similar formats for overall consistency were used, allowing for variations tailored to each category of interviewee. There was no intention to analyze the input statistically; rather, the emphasis was on introducing the concept of the OMP, encouraging further engagement and listening for broad policy-related themes.

Themes among Stakeholder Opinions: Within the context of the methods used, the following themes among the stakeholder opinions could be discerned.

1. Potential positive outcomes of the OMP process
 - Real potential exists for broad community support and more stable investments.
 - This is an opportunity to explore the changing and expanded role of public health in the face of new challenges while at the same time rediscovering the historical roots of public health in promoting health and social justice.
 - The process should build on PHSKC's role and widely respected capability to organize data into information and shine a light on key issues.
 - The role of public health as convener and catalyst in support of community-based providers, system development and improvement should be expanded during and as a result of the OMP process.

2. Governance and policy development

- Achieving agreement on a broad policy framework will require clarity of roles and mechanisms for building trust among all players.
- Decision makers have a perceived need for objective information which is based on good science. Data needs to drive system policy more often.
- Engagement with the public is recommended before making policy decisions
- Improved relationships and communication among each of the cities and the County should confirm a common understanding about King County's responsibility under state law for governing and funding regional public health services.
- Cities have an interest in influencing policy related to public health services and practice because their residents benefit when the services are coordinated with other municipal services and because their residents are paying taxes (federal, state and local) which make their way to the county for public health services.
- No magic bullet for funding is evident; a combination of strategies will likely be needed to achieve sustainable and flexible investments in public health.
- The Board of Health should play a more significant role in setting public health policy.
- The role of the Board of Health is confusing to many stakeholders.

3. General Challenges and Opportunities for Improvement

- There is a need for further clarity and agreement of what constitutes the public health system.
- Discussion is needed about how to measure results and hold the public health department and system partners accountable.
- PHSKC needs to be more nimble to respond effectively to rapidly changing environments.
- There is a general need for improved transparency and trust throughout the public health system.

Conclusions:

1. Very few definitive conclusions can be reached from this first cycle of stakeholder interviews. Those would include:
 - A high level of enthusiasm, concern and commitment to improvement
 - Consistent agreement that the Operational Master Plan process could assist in formulating public health's critical core mission and establish a value-based and need-driven health agenda

- A spirit of support for improving the condition of the county's public health system
 - General commitment to work together with PHSKC to address the challenges faced in the community
2. No other definitive conclusions related to policy should be made as a result of this initial engagement. There are several reasons for this including: the intent of the interview and the methods used; questions were open-ended and exploratory in nature; more stakeholders need to be and will be engaged as the project proceeds; and neither time nor resources permitted detailed follow up and validation of the facts related to the opinions expressed.
 3. The themes identified have value in guiding the methods in the next steps of the project and in identifying areas for possible future exploration.
 4. Follow-up of the initial interviews should help build relationships and trust through the deliberate use of open communication.

Recommendations for next steps in the OMP project

1. Use the stakeholder process to build relationships and trust in the OMP process and outcomes.
 - a. Consider circulating this draft report back to the interviewed stakeholders.
 - b. Shift the future process of stakeholder engagement to a combination of soliciting written feedback, targeted surveys and focus group dialogue about specific points to obtain needed clarification.
2. Focus future inquiries on:
 - a. Articulating what is working well and recommending policies, funding options and implementation options which assure that those strengths are maintained (and expanded as appropriate).
 - b. Exploring how PHSKC's role in providing information, convening critical players and catalyzing positive action of the whole system for health can be enhanced.
 - c. Clarifying the important role of the governing bodies and the executives in support of the convening role for the Department.
 - d. Exploring and clarifying as appropriate the general challenges and opportunities for improvement listed above and in the body of this report.

Introduction

- King County contracted with Milne & Associates, LLC, to assist in producing a Public Health Operational Master Plan. One of the early deliverables in the project (Deliverable E) is production of a report reflecting initial stakeholder input, collected and analyzed pursuant to an approved plan for soliciting input from a variety of local public health system stakeholders.
- To assure that the two principal deliverables for this project – the policy framework and the operational master plan -- are maximally useful in guiding efforts to strengthen the local public health system in King County, stakeholder involvement has been honored and carefully considered. While significant focus was spent in engaging stakeholders during this phase, this report reflects only the beginning stages of stakeholder engagement and is not intended to imply this is a scientifically rigorous process for capturing all significant opinions of stakeholders and the public at large. Continued and more targeted stakeholder input will occur in Phase II of the project. However, resources available for this project do not allow for a rigorous process to test validity of stakeholder input. Rather, it is the intent of the stakeholder process to engage, build trust and keep communications open. More in-depth stakeholder involvement will require significant collaboration with the leadership and staff of PHSKC.
- The three purposes of the initial stakeholder interviews were:
 1. To introduce the stakeholders to the OMP process
 2. To solicit initial opinions about broad policy related issues.
 3. To encourage their continued participation in the OMP process.

In our judgment, all three purposes were accomplished, owing to the excellent work of Toni Rezab and the team of staff coordinating the project, to the flexibility and availability of the consultant team, and particularly to the conscientious participation of the stakeholder interviewees. Very busy people gave enthusiastically of their time and ideas in the context of a very tight timeframe. We trust you will find this report reflects the diverse views collected.

Please note: The Stakeholder Report should be viewed as a dynamic product reflecting information received to-date. A continuing flow of meetings, conversations, documents and new information is expected during the life of this project. Information is continuing to come in; further meetings are being scheduled in Phase II. The insights reflected in this report will continue to evolve as stakeholders inform funding and implementation recommendations in the next phase of the project.

Process Used

- The method and schedule for stakeholder input developed by Milne & Associates (Project Deliverable D) was approved by the steering committee for the project in 2005. Four broad categories of stakeholders were included

in the plan – elected officials, community partners, Public Health – Seattle & King County (PHSKC) staff, and governmental partners at the federal, state and local levels. Steering committee members as well as King County staff suggested several specific stakeholders to be interviewed. Additional contacts were identified as the interviews began.

- All interviews were conducted at locations convenient to the stakeholders, with at least one member of M&A present. In many instances additional M&A members participated, either in person or by telephone. An interview protocol was developed for each category of stakeholder; all questions were linked across the categories to assure a degree of consistency to the inquiry. Participants were assured that the content of the interviews would be confidential and that no specific comment would be attributed to individual participants. Opportunities to provide written comments were given to staff and other stakeholders who were unable to participate in oral interviews. An example of the interview protocols used is found in Appendix A.
- Detailed notes of all stakeholder interviews were made. The notes were reviewed for accuracy, and broad themes reflecting the comments were identified. Initially, a matrix was developed to place summarized, non-duplicative comment into each of the categories (y axis) by each of the four categories of stakeholders (x axis). Ultimately we exercised judgment to aggregate 14 categories of comments into 3: potential positive OMP outcomes, governance and policy development, and challenges and opportunities for improvement.
- While most of the interviews included in this report began in early February 2006 and concluded on March 22nd, a few were conducted between November 2005 and January 2006. We informed each interviewee that additional opportunities for input into the OMP process would be available during Phase II.

Results

The following table summarizes data related to the stakeholder interviews held during Phase I of the project.

Categories	Elected Officials and staff	Community Partners	PHSKC	Fed, State, Local Gov Partners	Total
Number of meetings	14	10	6	4	34
Participants (live & by telephone)	46	64	100 (approx)	15	225 (approx)
Written responses	2	5	8	4	19

Findings

The 34 meetings with over 200 participants yielded a great deal of information. Opinions ranged from highly supportive of what PHSKC does within the county to specific criticism about how things are done and recommendations about new approaches or ideas that should be considered. As with any process that seeks opinions in an open-ended fashion, some of the opinions were contradictory of other opinions on the same topic. Even highly critical comments were typically tempered with praiseworthy comments about the dedication, high caliber and competence of PHSKC professionals and were offered in the spirit of seeking improvement in the system.

The recorded opinions were initially clustered into topical areas and then organized into three general categories.

Topical Areas:

- | | | |
|--|---------------------------|--|
| ▪ Ideal outcome of OMP | ▪ Core mission of PHSKC | ▪ Preparedness |
| ▪ Significant health issues | ▪ Primary care safety net | ▪ Population based & prevention services |
| ▪ Policy development | ▪ BOH | ▪ Political environment |
| ▪ Improvement, opportunities & measurement | ▪ Funding options | ▪ Relationships |
| | ▪ Funding issues | ▪ Values |

General Categories

1. Potential positive OMP outcomes: observations that provide a foundation for having optimism about the potential positive outcome of the OMP process.
2. Governance and policy development: opinions about governance and policy development
3. Challenges and opportunities for improvement: suggestions for improvement

It is not possible to record every observation that was made but we used our judgment in an attempt to note comments which were shared by many types of stakeholders (often with great intensity) and which should be explored further and possibly addressed in subsequent steps of the project.

1. Potential positive outcomes of the OMP process

- A. Enthusiastic support for OMP Process: The combination of the enthusiasm of the participants and their focus on important large issues as desired outcomes from the OMP bodes well for the potential of the project.
 1. Most see the OMP as an opportunity to achieve agreement on public health's core mission and establish a value-based and need-driven

public health agenda-an agenda that has focus, broad community support and attracts stable funding.

2. Public health system partners, the county and PHSKC all want healthy communities and see the OMP as an important step to making that possible.
3. The OMP is seen as an opportunity to explore the changing and expanded role of public health in face of new challenges and at the same time rediscover the historical roots of public health in social justice.
4. Representatives of cities in the county expressed interest in the OMP as a means of influencing public health services and practice. In particular, the City of Seattle's public health policy guidance specifically cites the need to link its policies and support to the eventual outcome of the OMP.
5. Participants saw a critical need to make investments based on present and future needs, and to explicitly link those investments to programs with accountability for a specific mission.

B. Opportunity to clarify the role and function of PHSKC

1. *Importance of Population-based Services Recognized:* It is widely recognized that public health must serve the entire population of the county. It is widely appreciated that PHSKC has a renewed focus on being culturally competent and focusing on health disparities. The stakeholders value an emphasis on prevention and prevention-based approaches with a population strategy linked to social justice. There is recognition that efforts to improve the population's health must be broad and community-based. Examples of system improvements suggested include:
 - A focus on shared issues such as education in schools and child health
 - regional communication
 - best practices
 - new models for environmental health (precautionary principle)
 - cultural competence standards (internally and externally)
 - expanded involvement in policy issues such as housing
2. *Epidemiology Critically Important:* King County is seen as a county within the state where epidemiology, the bedrock professional discipline of public health, is uniquely valued and deserving of secure funding.
3. *PHSKC as a Convener:* A major contribution of PHSKC to creating the conditions to be healthy is its outstanding ability to organize data into information and, as an honest broker, to shine a light on key issues and bring stakeholders together to find solutions. The role of public health as convener, source of information, and catalyst for action for

providers, community centers and all system partners is strongly endorsed.

4. *Recognized Leader in Preparedness:* In the area of PH preparedness, King County and PHSKC are recognized as essential partners and on the forefront of innovative practices and proactive national leadership. Recent natural disasters have pointed out the need for highly competent local coordination of the health related resources in emergency planning and response.
5. *Safety Net:* Many felt the OMP provides an opportunity to better define who should do what in providing a safety net of primary care services, addressing the shortfall in specialty referral services for the underinsured and better integrating the strong services of PHSKC (such as newborn home visits, nutritional assistance, immunization and infectious disease services) with services provided by community primary care partners. The OMP was seen by several as an opportunity to clarify PHSKC's role in directly providing safety net services.
6. *Health Impact Statements:* Some stakeholders proposed consideration of health impact statements for major policy decisions, even those which may not be easily recognized as having health implications. There is a growing trend in local jurisdictions to develop "Health impact assessment" statements for new land use decisions, analogous to "environmental impact statement." Health impact assessment statements may be a powerful tool to expand discussions beyond the traditional, supporting consideration of other important issues by asking broader design questions earlier in the process.
7. *Public health should take opportunities to be involved in more policy issues such as housing (indoor air quality, mold prevention etc).*
8. *Recognition of Good Management-Labor Relations:* Management and the unions have worked well together, communicate well, and use interest-based negotiations to solve problems.

2. Governance and policy development

- A. Need for Policy Framework Recognized: There is a serious need for just the type of policy framework called for within the OMP. Stakeholders are concerned that current decision making, priority setting and resource allocation have not resulted in a focus clear enough to assure that coordinated policies and interventions are in place for county residents. An overarching policy framework also will help decision makers' efforts to provide more stable funding with an eye toward long-term return on investment.
- B. Need to Clarify Roles and Build Trust: Achieving agreement among public and private stakeholders will require clarity of roles and mechanisms for building trust among all players. Decision makers need objective information based on good science. Data needs to drive future policy decisions aimed at improving the system's capacity to improve

population health. More engagement with the affected public is recommended before moving toward making policy decisions.

- C. Need for Improved Cities-County Relationships: Improved relationships and communications among each of the cities and the county should confirm a common understanding about King County's responsibility under state law for governing and funding regional public health services. Some feel that those paying the bills should be responsible for policy. At the same time, cities have interest in influencing public health services and practice because residents are paying taxes that make their way to the county. The joint agreement and relationship between the City of Seattle and the county around public health requires attention. Both parties have similar values and common interests. State law states that public health is primarily a county responsibility. About one-third of county residents live in the City of Seattle, which does contribute public health funding. Consideration should be given to reconvening the joint committee called for in the agreement between the city and county.
- D. Desire by Board of Health to be Actively Engaged: The Board of Health is interested in engaging the community in public health issues and playing a more active role in setting the agenda for health in the county and helping to align the interests of the cities with that agenda. The Board of Health was seen as having the potential to contribute significant value to policy development beyond its roles as a discussion forum and a body that sets fees and approves regulations. As a regional body with representation of elected officials from multiple jurisdictions and non-elected professionals, it brings varied insights and perspectives and can strengthen the voice for the public's health and can help find common ground. Many suggestions surfaced about the interests, functioning and role of the Board of Health (BOH) including:
 - 1. More connection with the budget process and approval.
 - 2. BOH appointments for suburban cities should be made by the suburban cities
 - 3. Should be involved in the selection process of new director
 - 4. Should be a collaboration builder
 - 5. More active in setting PHSKC direction
 - 6. Use information & community organizing to affect policy
 - 7. Conduct hearings around county
 - 8. Regional forum needed (suburban cities feel shut out of policy process/decisions)
 - 9. With decreasing funding perhaps suburban cities should contribute
 - 10. Address the question "what are the values that are being used to make decisions affecting the public's health?"
- E. Need for Greater Public Health Advocacy/Leadership: Public health needs to be more proactive in setting agendas (including legislative and fiscal) and more of a leader in those areas, focusing on unmet needs in an anticipatory/proactive way. Stakeholders stated, "We are in a health

crisis," and greater advocacy and leadership is needed on health issues. The public needs education about the major health challenges facing King County.

- F. Clarify Department's Role in the Safety Net: Policy makers need clear and consistent data about the complex issues regarding uninsured, Medicare, Medicaid, and other health access issues. But they also need a deeper understanding that coverage doesn't always equate to access or improved health status. Other issues such as transportation, poverty, language and culture often create barriers and can be greater influencers of poor health status. Policy makers themselves feel they need a clearer picture of public health's role in addressing the primary care safety net issue as well as the funding to support that role. They wonder about duplication of services (e.g., primary care, family planning). They believe that PHSKC should continue in the role of the convener to address the safety net issue.
- G. Expand Public Health Boundaries: Policy efforts need to span boundaries beyond which public health typically or traditionally has not been involved. Some of the initial work between public health and the design community around the built environment should be sustained and expanded.
- H. Importance of Relationship to UW and Other Academic Institutions: The relationships of the county and PHSKC with all the health-related schools of the University of Washington and with other academic institutions is of critical importance for several reasons:
 - 1. Joint appointments assist in recruitment.
 - 2. Innovative public health research and new strategies will more likely happen.
 - 3. Student interns are attracted to future employment.
 - 4. The health department can be the active training environment for students.
 - 5. Joint advocacy could be expanded at the state and federal levels
- I. Funding: Several suggestions or observations were offered about funding:
 - 1. Talk with King County Foundation
 - 2. King County /PHSKC and cities should consider playing a larger role in state-level policy development
 - 3. A regional system with regional funding is needed to support the infrastructure necessary to respond to public health emergencies
 - 4. Local funding should be maximally used to support needed infrastructure
 - 5. Community collaborations can sometimes cobble together resources that provide services to community for 5-7 years
 - 6. Taxes are a potential solution
 - 7. Public Health Roundtable is addressing funding on a state-wide basis

8. One legislator is interested in funding bird flu (while support for public health is helpful not useful for building capacity)
9. PHSKC expertise could be helpful in figuring how to move new money into ongoing capacity
10. Federal move to fund more mental health may be opportunity to address PH implications
11. With collaborative participation, opportunities for salary support from UW entities.
12. Federal funding is generally very threatened due to the deficit and constraint on discretionary spending
13. Public health is holding on to the notion of backfilling for MVET funds but the legislature has turned over-new legislators are questioning why there should be "string-free" funding. The public health case needs to be sold
14. To stabilize public health infrastructure, the county should consider levy of county-wide tax (there is no public health levy but as there is for mental health)

3. Challenges and Opportunities for Improvement

Several challenges facing public health in general and PHSKC in particular were identified by all four categories of stakeholders (including leadership and staff of PHSKC). When these challenges or criticisms were offered, they were offered in the spirit of improving the system and in recognition that public health and many of its partners are under significant stress due to expanding expectations and shrinking resources. They should be read with that in mind.

A. Health System Challenges: The following opinions were stated in a way which implied that they apply universally to public health in almost any community. They reflect, however, a challenge for PHSKC because they characterize the environment in which public health must be practiced:

1. Role/Definition of Public Health in a Dynamic Environment

- Need clarity and agreement on what constitutes the public health system in King County
- Need to build adequate public health capacity, including facilities, staffing, leadership and management for the future
- Need to recognize that some personal health services are also becoming population health services. For example, tuberculosis treatment is typically a personal health care interaction between a physician and a patient, but during an outbreak tuberculosis treatment can become a population health issue because untreated patients can spread the disease further.
- A better job of promoting the value of a healthy community to all needs to be done
- Public health needs to be much more nimble to deal with change

2. Funding

- Need adequate funding for and recognition of the value of population-based (upstream) prevention
- There is inadequate funding to address basic public health needs and to support infrastructure
- Foundation and federal funding have less security and predictability
- A majority of local taxes go to criminal justice activities
- Health care reimbursement/payment systems are slow and affect department cash flow
- Federal cuts, especially in Medicaid, will disproportionately affect King County.
- Federal centralization of decision-making, the continued focus on categorical funding, federal budget deficit, federal focus on security threats—all these pose significant continuing risks to overall public health funding from several federal agencies and erosion of support for basic infrastructure.
- There is no magic bullet for funding

3. Partnerships/Coordination

- There is a need for a coordinated effort to address broad health needs of the community, one where the process is clear, and collaboration is practiced.
- System partners and providers ought to be more informed about public health issues than the general public.
- The Institute of Medicine recommends greater communication with the public, legislature, and business by public health officials; regular stories about public health are needed in local media,

4. Measurement

- There is a need to measure differences being made in health outcomes and to determine how hold public health and system partners more accountable to achieving such outcomes.
- The effectiveness of approaches being used in public health practice should be evaluated.
- Evidence-based practices should be balanced with innovation, allowing new ideas and risks to be taken.

B. Local Health Challenges

The following opinions applied more directly to the local situation of King County and PHSKC but it must be emphasized that it was not possible to conduct follow-up to verify the details. Nevertheless, these opinions offer some insight into local challenges:

1. Community/Regional Services with Partnerships/Collaboration

- The concept of regional services is viewed by some as an opportunity for cities to opt out of responsibility for public health.
- There is a need a community engagement plan which connects PHSKC with the whole community.
- PHSKC needs to improve working relationships and coordination with system partners.
- PHSKC sometimes over-emphasizes their uniqueness in serving a large urban area compared to other health departments in the state, which keeps them from joining forces with other counties in the state. This uniqueness is fading as growth in other counties increases.
- Core services throughout the county need to be assured by PHSKC, with all communities contributing for additional services.
- Obesity and diabetes have huge regional economic implications.
- King County is seen as potential hotbed for security risks.

2. Safety Net

- Need to use bully pulpit to shine a light on the problem of access to specialty care
- Need to determine the role of public health in convening, advocating and assuring care vs. providing
- Need improvement in the safety net with focus on regional or state wide approaches
- Some stakeholders voiced a concern that PHSKC is in direct competition with other primary care safety net providers, creating a conflict of interest in providing oversight when they also compete for funds. Other stakeholders did not share this view

3. Relationships/Trust:

- Trust is an issue; some feel PHSKC is self-serving bureaucracy with emphasis on protecting its programs
- Relationship building needed. There is an opportunity to rebuild trust through new leadership of PHSKC

- There is tension between cities and the county. The current structure decreased direct connection of City of Seattle to public health as well as the visibility of public health at the city
- Relationships with the state legislature is not as good as it could be
- Tension between county executive branch and legislative branch is visible and has an impact on public health
- More trust needs to be built between PHSKC and the state Department of Health and local community health centers.
- Improved relationships and trust are needed to understand the changes in South King County's population (greater number of poor, increase in problems); there is much higher mortality in South King County

4. *Workforce*

- Some PHSKC employees commented that employees don't think of themselves as public servants, "We need to get out of our trenches to see, do and be public servants."
- PHSKC needs to understand workforce issues, anticipate problems and plan for them

5. *Measurement*

- Measuring effectiveness, who/how to hold accountable especially in the community system, is critical.
- Consistent measurement of key statewide data (including fiscal) is essential

6. *Funding*

- Encourage PHSKC to get out of categorical funding.
- The escalating cost of property impacts access issues through inability to afford location.
- Money is not the only issue; priorities need to be limited to a handful.
- PHSKC hasn't always followed through with getting resources they are eligible for (e.g. missed this years "drop-dead" date for state funding and lost funds as a consequence).
- Need a fair/equitable tax/funding system.
- The PHSKC budget is very complex, made more so with a large number of categorical grants.
- Chasing dollars may be necessary but can take away from the core public health mission.

- Cities feel they already contribute through their collection and remittance of property tax and sales tax.
- Because most community health center clients are from Seattle, there is a need for the funding entities to work well together.
- Funding must follow policy decisions or the OMP is for naught.
- Regional entities including suburban cities that currently do not directly support public health should contribute financially

Implications for next steps in the OMP project

In general, we recommend using the stakeholder process during the next phase of the project to improve relationships and continue to build trust.

1. We recommend that the Steering Committee consider circulating this draft report to solicit comments before transmitting it to the Board of Health and Council. Sharing the initial work early in this process and securing feedback will improve the work product while building trust, understanding of and enthusiasm for the OMP process.
2. We recommend that the process of stakeholder engagement shift its methods for the next steps in the OMP process. The initial method employed individual/group interviews structured in an open-ended format. We suggest shifting to a combination of soliciting written feedback, targeted surveys and focus group dialogue about specific points which have emerged, thus providing opportunities to clarify and/or get further information about key issues.
3. We recommend that the project fully use the OMP page on the County's website both as a source of updated information and as a mechanism to solicit comments from the public.
4. We recommend expanding the circles of stakeholders by the methods described in #2 and #3 above. The Steering Committee can assure that some key stakeholders who could not be engaged in the initial interviews (multiple community coalitions, diversity/minority groups, school systems, business and labor leaders, advocacy groups associated with public health service clients, and others) will have a voice that is heard in the process.
5. The focus of future inquiries should reflect the work summarized in this report. This would include examination of systems and approaches that are working well and recommend policies, funding options and implementation options needed to assure that those strengths are maintained (and expanded as appropriate). In addition, additional stakeholder perspectives are needed about the PHSKC role in providing information, convening critical players and catalyzing positive action of the larger public health system. Also important is clarifying the critical role of governing bodies and policy makers in support of this role for the Department. Lastly, some of the challenges and opportunities identified in the last section of this report warrant exploration during Phase II.

In conclusion, we acknowledge all those that contributed to this report by sharing their thoughts, concerns and hopes for a healthy King County. The commitment to improvement is consistent and provides reason for optimism as we enter Phase II. We look forward to continued engagement and work on this critically important project.

Appendix A

List of Interview Questions

Questions for Community Partners

Context for questions

- Health Environment
- Role Definition
- Funding/Policy
- Other

Health Environment

- What key public health issues do you see most impacting the health of King County in the next two or three generations?
- What key issues do you see most impacting your operations in the next decade?
- What opportunities do you see that the public health system might better collaborate on to create healthy communities?and with who?

Role Definition

- What do you see as critical roles for public health and the public health department?
- Describe the ideal public health system and how your (and public health's) role and relationships would be. What changes are needed to work toward the ideal?

Funding/Policy

- How do current funding policies and practices serve or not serve to improve the public's health status?
- How does current funding meet the responsibilities of public health...or not?
- What changes in funding would best serve the public's health?
- What opportunities to you see that need to be pursued?

Other

- How should population-based services be sustained?
- How might the public health system be more effective in improving the public's health status? How might community partners help?
- Is there anything more to say?

Questions for Elected Officials

Overarching

- What is your interest in public health?
- What outcome is most needed from the PHOMP process?

Role Definition

- What do you see as the critical roles for public health?
- What do you see as the core roles of an elected official?
- Is the role, responsibility or perspective of elected officials in transition? Please explain.

Policy Environment

- What works and doesn't work regarding the current environment surrounding policy development and enforcement?
- What is the scope of elected official's role in policy development? Should the scope change? Why or why not?
- What changes in policy do see needed? Why?

Funding

- How is current funding determined for public health? What is the impact short and long term for sticking with current practice.
- How does current funding meet the responsibilities of public health...or not?
- What changes in funding would best serve the public's health?

Health Environment

- What are the primary changes that have impacted public health in the last 5 years?
- What key public health issues do you see most impacting the health of the next two to three generations?

Other

- How are the varied interests addressed without compromising the public's health?
- What hasn't been asked that is important?
- Is there anything more to say?

Questions for Board of Health

Context for questions

- Overarching
- Role Definition
- Policy Environment
- Funding
- Health Environment
- Other

Overarching

- What is the BOH's interest in public health?
- What outcome is most needed from the PHOMP process?

Role Definition

- What do you see as the critical roles for public health?
- What do you see as the core roles of the BOH?
- Is the role of the BOH in transition? Please explain.

Policy Environment

- What works and doesn't work regarding the current environment surrounding policy development and enforcement?
- What is the scope of BOH's role in policy development? Should the scope change? Why or why not?
- What changes in policy do see needed? Why?

Funding

- How is current funding determined for public health? What is the impact short and long term for sticking with current practice.
- How does current funding meet the responsibilities of public health...or not?
- What changes in funding would best serve the public's health?

Health Environment

- What are the primary changes that have impacted public health in the last 5 years?
- What key public health issues do you see most impacting the health of the next two to three generations?

Other

- How are the varied interests addressed without compromising the public's health?
- What hasn't been asked that is important?
- Is there anything more to say?

Questions for Academia

Context for questions

- Overarching
- Role Definition
- Policy Environment
- Funding
- Health Environment
- Other

Overarching

- What outcome is most needed from the PHOMP process?

Role Definition

- What do you see as critical roles for public health?
- Describe the ideal public health system and how your (and public health's) role and relationships would be. What changes are needed to work toward the ideal?

Policy Environment

- What do you see as public health's role in policy development and enforcement?
- What changes in policy do see needed? Why?

Funding

- How do current funding policies and practices serve or not serve to improve the public's health status?
- How does current funding meet the responsibilities of public health...or not?
- What changes in funding would best serve the public's health?

Health Environment

- What key public health issues do you see most impacting the health of the next two or three generations?
- What opportunities do you see that public health might collaborate on to create healthy communities?and with who?

Other

- How should population based services be sustained?
- How might the public health system be more effective in improving the public's health status? How might academia help?
- Is there anything more to say?

Questions for Health Care Providers & Partners

Context for questions

- Overarching
- Role Definition
- Policy Environment
- Funding
- Health Environment
- Other

Overarching

- What outcome is most needed from the PHOMP process?

Role Definition

- What do you see as critical roles for public health?
- How do you see the medical care system's role and public health's role overlapping? How are they different? What would an ideal balance look like?

Policy Environment

- What do you see as public health's role in policy development and enforcement?
- What changes in policy do you see needed? Why?

Funding

- How do current funding policies and practices serve or not serve to improve the public's health status?
- How does current funding meet the responsibilities of public health...or not?
- What changes in funding would best serve the public's health?

Health Environment

- What key public health issues do you see most impacting the health of the next two or three generations?
- What opportunities do you see that medical care and public health might collaborate on to create healthy communities?

Other

- How should population based services be sustained?
- How might the health care system and public health be more effective in improving the public's health status?
- Is there anything more to say?

Appendix B

List of Stakeholders Interviewed

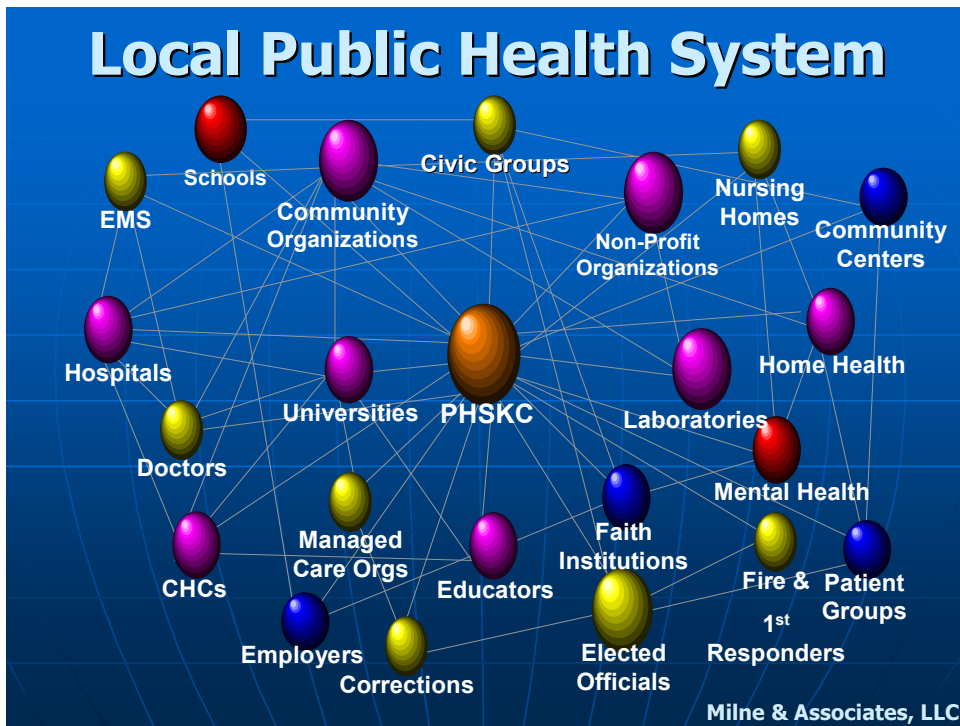
Meeting list:

1. PHOMP Steering Committee (1:1's)
2. PHOMP Project Staff
3. King County Executive
4. City of Seattle Mayor
5. King County Council (8)
6. King County Council staff
7. Seattle Council (3)
8. Board of Health – (all 13 members were interviewed)
9. Harborview (2 meetings)-Three senior executive
10. Harborview Board (1 meeting)Nine in attendance
11. PH Labor Unions were engaged to participate
12. City of Bellevue Leadership Group
13. Community Health Clinics Board
14. Seattle Human Services Department
15. University of Washington – Dean of Medicine, Dean of Nursing, Dean of Public Health
16. State Department of Health
17. South End Cities/Provider Meetings – invited were:
 - a. Cities of Covington, Burien, Renton, Auburn, Kent
 - b. Highline School District
 - c. Providers: Holy Spirit, Children Therapy, and Valley Cities Counseling and Consultation
18. North East King County Cities/Providers Meetings – invited were:
 - a. Cities of North Bend, Shoreline, Redmond, Mercer Island, Kirkland, Duvall
 - b. Providers: Hopelink, Mt. Si Senior Center, Evergreen Health Care
19. Public Health Against Institutional Racism-Ph health staff group
20. Health of King County Staff
21. Public Health Employees (leadership group, expert meeting, plus written and verbal comments)
22. Patrick O'Carroll – HHS Regional Health administrator
23. Environmental Health – PHSKC staff and partners
 - a. Steve Gilbert, Director, Institute for Neurotoxicology and Neurological Disorders (and UW)
 - b. Ken Armstrong, Administrator, Local Hazardous Waste Management Program in King County
 - c. Dave Galvin, Hazardous Waste Program Manager, King Co. DNRP, WLRD
 - d. Bill Lawrence, Environmental Hazards Section Manager, PHSKC
 - e. Ryan Kellogg, Public Health - Environmental Health
 - f. Carolyn Comeau, Program Manager , WA State Dept of Health

24. Aileen Gagney, Asthma and Environmental Health Program Manager for the American Lung Association of Washington
25. Health Disparities town hall meeting (5 panelists and 32 community residents)
26. Public hearings held by Seattle City Council on the city's public health policy (10 people spoke)

Resources

A. Local Public Health System



This figure is for illustrative purposes only.

B. Ten Essential Services in English

Essential Services

Essential Service	"English" Version
1. Monitor	What's going on in my community? How healthy are we?
2. Diagnose & Investigate	Are we ready to respond to health problems or threats in my county? How quickly do we find out about problems? How effective is our response?
3. Inform, Educate & Empower	How well do we keep all segments of our community informed about health issues?
4. Mobilize	How well do we really get people engaged in local health issues?
5. Develop Policies & Plans	What local policies in both government and the private sector promote health in my community? How effective are we in setting healthy local policies?

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Essential Services (cont)

Essential Service	Non-Public Health Version
6. Enforce Laws & Regulations	When we enforce health regulations, are we technically competent, fair, and effective?
7. Link	Are people in my community receiving the medical care they need?
8. Assure	Do we have a competent public health staff? How can we be sure that our staff stays current?
9. Evaluate	Are we doing any good? Are we doing things right? Are we doing the right things?
10. Research	Are we discovering and using new ways to get the job done?

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C. Brief Glossary:

- **Personal health care:** encompasses the services an individual patient receives from a health care provider for the benefit of that individual patient. Examples include physical examinations, treatment of infections, family planning services, etc.
- **Population health care** represents the services that individuals receive that benefit both the individual and the population. Examples include immunizations (which benefit the individual, who won't get sick, and the population since the virus won't gain a foothold if enough of the population is immunized), health promotion, and environmental health.
- **Upstream**, used in a context of public health, means addressing the larger factors which ultimately result in health challenges to a population, including disposal of toxic wastes, unemployment, truncated education, and racism.
- **Categorical funding:** governmental funding, usually from the federal level, which is designed to be used in support of specific public health programs and activities. It typically is accompanied with tight limitations on how the funds can be used, even within programs.
- **Evidence-based practices:** public health activities which are designed based upon authenticated studies of efficacy and/or upon established practices.
- **Local Public Health System:** in any community, the local governmental public health agency and all organizations, agencies and individuals who, through their collective work, improve or have the potential to improve the health of community residents.
- **Essential Public Health Services:** established under the aegis of the federal Department of Health and Human Services in 1994, this list of ten sets of services comprises what needs to be in place in all communities to assure an adequate local public health system